

ORIGINAL

CFC-CCDR 1/14

108 22 C ju

Campaign Contribution Disclosure Report

Georgia Government Transparency and Campaign Finance Commission

200 Piedmont Avenue S.E. | Suite 1402 West Tower | Atlanta, GA 30334 | 404-463-1980 | www.ethics.ga.gov

1. Report Type (Select One) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment Amendment # _____	2. Filing is being made on behalf of (Select One): Candidate or Public Official <u>DeKalb County Sheriff</u> <small>(Include county, municipality, district, post or judicial circuit)</small> Office Held or Sought _____ Filer ID <u>C2014000099</u> <small>(Filer ID that begins with the letter "C")</small>	Use Earlier of Post Mark or Hand Delivered Date <u>2014 JUL -8 PM 1:59</u> RECEIVED DEKALB COUNTY VOTER REGISTRATION AND ELECTIONS
	Organization or Person Other than Candidate's Campaign Committee Committee Name: _____ Filer ID: _____ <small>(Filer ID that begins with the letter "NC")</small>	

3. Identifying and Contact Information

(1) Vernon Jones (2) _____
 Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) P.O. BOX 362272 Decatur GA 30036
 Mailing Address City State Zip Code

(4) 404-419-6034 and/ or vernonjones4sheriff@gmail.com
 Primary Contact Phone Number E-Mail

(5) If a Candidate or Public Official is there a campaign committee (one or more persons) to make campaign transactions, keep financial records of the campaign or file the reports? ☒ Yes ☐ No

(6) If yes, is the committee registered with the Commission? ☒ Yes ☐ No

(7) If yes, complete the following: Vernon Jones | Patricia Moore
 Name of Committee Chairperson Name of Committee Treasurer

4. Period for which you are Reporting

You Must Check Only One Box

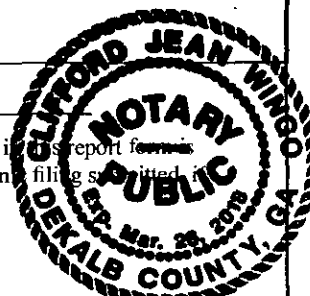
My Non Election Year	My Election Year	Run-Offs (Report required only if you are in a Run-Off Election)	Special Election
<input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> June 30, ____ (year) Supplemental Reporting <input type="checkbox"/> June 30, ____ (year) <input type="checkbox"/> December 31, ____ (year) <small>*Persons leaving office with excess funds until such funds are expended as provided in the Act *Unsuccessful candidates with excess funds, or who receive contributions to retire debt incurred, until such funds are expended, or such unpaid debts are satisfied (December 31 filing only)</small>	<input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> March 31, ____ (year) <input checked="" type="checkbox"/> June 30, <u>2014</u> (year) <input type="checkbox"/> September 30, ____ (year) <input type="checkbox"/> October 25, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year)	<input type="checkbox"/> 6 days before Primary Run-Off ____ (year) <input type="checkbox"/> 6 days before General Run-Off ____ (year) <input type="checkbox"/> 6 days before Special Primary Run-Off ____ (year) <input type="checkbox"/> 6 days before Special Run-Off ____ (year)	<input type="checkbox"/> 15 days before Special Primary, ____ (year) <input type="checkbox"/> 15 days before Special, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year)

State of Georgia County of DeKalb

I, Patricia Moore, being duly sworn (affirm), depose and say that the information in this report is complete, true, and correct. Further, I affirm that the contents in this report are the same as the contents in the electronic filing submitted also electronically filed.

Sworn to and subscribed before me on July 8, 2014

P. Jean Wingo March 26, 2015 Patricia A. Moore
 Signature of Notary Public Commission Expiration a. Signature of Candidate
 b. Organization/Chairperson/Treasurer



CFC-CCDR 1/14

State of Georgia
Campaign Contribution Disclosure Report
Summary Report

CONTRIBUTIONS RECEIVED

1	<input type="checkbox"/> I have no contributions to report. <input checked="" type="checkbox"/> I have the following contributions, including Common Source, to report:	In-Kind Estimated Value	Cash Amount
2	A. If this is the first time to file a disclosure report for the current office sought, ENTER 0 in both columns (one time only); or B. If this is the first report of this Election Cycle*, ENTER 0 in the in-kind column and list any net balance on hand brought forward from the previous election cycle in the cash amount column (Line 15 of previous report, or total funds left over at year end of previous cycle); or C. If this filing is the second or subsequent filing of this Election Cycle, list totals from Line 6 of previous report in both the in-kind and cash amount columns.	0	151,070. ⁰⁰
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.	0	21,450. ⁰⁰
3a	All loans received this reporting period.		0
3b	Interest earned on campaign account this reporting period.		0
3c	Total amount of investments sold this reporting period.		0
3d	Total amount of cash dividends and interest paid out this reporting period.		0
4	Total amount of all separate contributions of \$100 or less received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page.		6,875. ⁰⁰
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)		28,325. ⁰⁰
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		\$179,395. ⁰⁰

EXPENDITURES MADE

7	<input type="checkbox"/> I have no expenditures to report. <input checked="" type="checkbox"/> I have the following expenditures to report:		
8	Total expenditures made and reported prior to this reporting period. If this is the A. First report of this Election Cycle*, ENTER 0. B. Second or subsequent filing ENTER Line 12 of previous report.		127,662. ⁹²
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.		7,783. ³⁵
10	Total amount of all separate expenditures of \$100.00 or less that were made in this reporting period and not listed on the "Itemized Expenditures" page		6,693. ¹⁴
11	Total expenditures reported this period. (Line 9 + 10)		14,476. ⁴⁹
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)		\$142,139. ⁴¹

INVESTMENTS

13	Total value of investments held at the beginning of this reporting period.		0
14	Total value of investments held at the end of this reporting period.		0

TOTAL NET BALANCE ON HAND

15	Net balance on hand. (Line 6 - 12 + 14)		\$37,255. ⁵⁹
----	--	--	-------------------------

* O.C.G.A. 21-5-3(10): Election cycle means the period from the day following the date of an election or appointment of a person to elective public office through and of the next such election of a person to the same public office and shall be construed and applied separately for each elective office including the date.

CFC-CQDR 1/14

State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtness

Election Cycle*: <u>Primary Run-off</u> Election Year: <u>2014</u>		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	25,000.00
2	Loans received this reporting period.	0
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	25,000.00
Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	0
Election Cycle*: _____ Election Year: _____		<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.	
2	Loans received this reporting period.	
3	Deferred payment of expenses this reporting period	
4	Payments made on loans this reporting period.	
5	Credits received on loans this reporting period	
6	Payments this reporting period on previously deferred expenses.	
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)	0

* Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)
 Public Officer/Candidate/Other Than Candidate Committee Name

CFC-CCDR 1/14

State of Georgia
Campaign Contribution Disclosure Report
Itemized Contributions

Must list contributions received by a single contributor for which the aggregate total more than \$100.00.

Note: Loans are no longer reported in "Itemized Contributions" section. See Loan Reporting section below.

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name Scott	Date 5-16-14	Occupation Aviation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input checked="" type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 2,500.⁰⁰	Est. Value
Last Name Rumyan					
Address 2025 Flightway Dr.					
Address2					
City Chamblee					
State GA Zip 30341					
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Helicopter Express, Inc			Description
First Name Enererson	Date 5-18-14	Occupation Surgeon	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input checked="" type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 250.⁰⁰	Est. Value
Last Name Harrison					
Address 2274 Spencer's Way					
Address2					
City Stone Mountain					
State GA Zip 30087					
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Georgia Urology			Description
First Name Angela	Date 5-19-14	Occupation Insurance Agent	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input checked="" type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 500.⁰⁰	Est. Value
Last Name Holloway					
Address 5653 Redan Rd.					
Address2					
City Stone Mountain					
State GA Zip 30088					
Aff. Comm.	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer State Farm Insurance			Description

Itemized Contributions Page Total \$ **3,250.⁰⁰**

ORIGINAL

CFC-CCDR 1/14

First Name or Business Name	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input checked="" type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Dawson West 147 26th St, NW Apt 2311 Atlanta GA 30309	5-13-14	Software Sales	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	250.00	
Brian Fogarty 1805 Georgian Ter Atlanta GA 30341	5-13-14	Restaurant Mgmt	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	250.00	
Steven Birkett 3630 Peachtree Rd Unit 2006 Atlanta GA 30326	5-13-14	Corporate Sales	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	250.00	
Joe Ray Bonding Company, Inc 292 Buford Dr. Lawrenceville GA 30046	5-13-14	Bonding Company	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	1,000.00	
Itemized Contributions Page Total \$ 1,750.00					

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

CFC-CCDR 1/14

First Name or Business Name Georgia Atlanta Last Name Amusements LLC Address 6270 McDonough Dr. Address2 Ste C City Norcross State GA Zip 30093 Aff. Comm.	Date 5-14-14 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Entertainment Business <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input checked="" type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 1,500.00	Est. Value 	Description
First Name or Business Name Charlotte Last Name Cook-Lance Address 937 Old Cumming Rd Address2 Buford City Buford State GA Zip 30518 Aff. Comm.	Date 5-14-14 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation info requested <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input checked="" type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 250.00	Est. Value 	Description
First Name or Business Name Charlotte Last Name Cook-Lance Address 937 Old Cumming Rd Address2 Buford City Buford State GA Zip 30518 Aff. Comm.	Date 5-14-14 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation info requested <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input checked="" type="checkbox"/> Run-Off Special Primary	Cash Amt. 1,300.00	Est. Value 	Description
First Name or Business Name DeVon Last Name Hudson Address 4330 Riverview Ln. Address2 Lithonia City Lithonia State GA Zip 30038 Aff. Comm.	Date 5-19-14 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Insurance Agent <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input checked="" type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 250.00	Est. Value 	Description
Itemized Contributions Page Total \$ 5,550.00					

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

ORIGINAL

CFC-CCDR 1/14

First Name or Business Name	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input checked="" type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Dr. Lu Last Name Ludwig Address 3522 Ashford Dunwoody Address2 City Atlanta State GA Zip 30319 Aff. Comm.	5-22-14	Retired	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	500.00	
Atlanta Recycling Last Name Address 1531 Spalding Dr. Address2 City Atlanta State GA Zip 30350 Aff. Comm.	5-22-14	Recycling Company	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	500.00	
Julius Last Name Bolton Address 230 Peachtree St Address2 Ste 1985 City Atlanta State GA Zip 30303 Aff. Comm.	5-23-14	CEO	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	1,000.00	
Joseph Last Name Dicorpo Address 4230 Ridgehurst Dr. Address2 City Smyrna State GA Zip 30080 Aff. Comm.	5-28-14	Doctor	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	1,000.00	
Itemized Contributions Page Total \$ 3,000.00 \$					

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

ORIGINAL

CFC-CCDR 1/14

First Name or Business Name	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input checked="" type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
First Name or Business Name: Trip Last Name: Martin Address: 98 Mitchell St. Address2: City: Atlanta State: GA Zip: 30303 Aff. Comm.:	6-4-14	Lobbyist		500.00	
First Name or Business Name: Martha Harpe Last Name: Harpe Address: 4407 Glenda Way Address2: City: Atlanta State: GA Zip: 30360 Aff. Comm.:	6-5-14	Administrative Assistant	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	1,000.00	
First Name or Business Name: Joe Dangelos Last Name: Dangelos Address: 236 Albemarle Rd Address2: City: Charleston State: SC Zip: 29407 Aff. Comm.:	6-5-14	Owner	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	1,000.00	
First Name or Business Name: James Lee Last Name: Lee Address: P.O. Box 81285 Address2: City: Atlanta State: GA Zip: 30366 Aff. Comm.:	6-5-14	Owner	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	500.00	
Itemized Contributions Page Total \$ 3,000.00 \$					

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

CFC-CCDR 1/14

First Name or Business Name Rod	Date 6-5-14	Occupation Owner	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input checked="" type="checkbox"/> Run-Off Special Primary	Cash Amt. 500.00	Est. Value
Last Name Cole					
Address 845 Main St					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Above All Cleaning & Restoration			Description
City Stone Mountain	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30083	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Timothy	Date 6-21-14	Occupation Owner	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input checked="" type="checkbox"/> Run-Off Special Primary	Cash Amt. 500.00	Est. Value
Last Name Cobb					
Address 417 Lewis Ln, SE					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Sky Boxx Sports			Description
City Atlanta	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30316	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Rohil	Date 6-23-14	Occupation Owner	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input checked="" type="checkbox"/> Run-Off Special Primary	Cash Amt. 1,000.00	Est. Value
Last Name Virani					
Address 6270 McDonough Dr.					
Address2 Ste C	<input checked="" type="checkbox"/> Monetary	Employer Welcome Pantry @			Description
City Norcross	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30093	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name Jesse	Date 6-16-14	Occupation Pastor	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input checked="" type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input checked="" type="checkbox"/> Run-Off Special Primary	Cash Amt. 500.00	Est. Value
Last Name Cumey III					
Address 5730 Greenridge Ct.					
Address2	<input checked="" type="checkbox"/> Monetary	Employer New Mercies Church			Description
City Lithonia	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30058	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
Itemized Contributions Page Total \$ 2,500.00					

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

ORIGINAL

CFC-CCDR 1/14

First Name or Business Name	Date	Occupation	Primary General Special Special Primary Run-Off Primary Run-Off General Run-Off Special Run-Off Special Primary	Cash Amt.	Est. Value
Mohammed Abubaker 3597 Rembrandt Rd Atlanta GA 30327	6-18-14	Doctor	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input checked="" type="checkbox"/> Run-Off Special Primary	350.00	
Mohammad Chaudhary 5288 Gawkley River Dr. Stone Mountain GA 30087	6-18-14	owner	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input checked="" type="checkbox"/> Run-Off Special Primary	500.00	
Ramzanali Karimi 1707 Mt. Vernon Rd Str D Dunwoody GA 30338	6-18-14	info requested	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input checked="" type="checkbox"/> Run-Off Special Primary	150.00	
Waheed Malik 2405 Satellite Blvd #115 Duluth GA 30096	6-18-14	Dentist	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input checked="" type="checkbox"/> Run-Off Special Primary	200.00	

Itemized Contributions Page Total \$ 1,200.00 \$

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

CFC-CCDR 1/14

First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
First Name or Business Name: Mohammad Last Name: Arshad Address: 5260 Galloway River Dr. Address2: City: Stone Mountain State: GA Zip: 30087 Aff. Comm.:	6-18-14	Doctor	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input checked="" type="checkbox"/> Run-Off Special Primary	200.00	
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Self employed			Description
First Name or Business Name: Gulshan Last Name: Harjee Address: P.O. Box 76252 Address2: City: Atlanta State: GA Zip: 30358 Aff. Comm.:	6-18-14	Doctor	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input checked="" type="checkbox"/> Run-Off Special Primary	350.00	
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Self employed			Description
First Name or Business Name: AAT Holdings Last Name: Address: 15 Collins Industrial Way Address2: Ste B City: Lawrenceville State: GA Zip: 30043 Aff. Comm.:	6-18-14		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input checked="" type="checkbox"/> Run-Off Special Primary	250.00	
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				Description
First Name or Business Name: Full Stop Food Mart Last Name: Address: 2075 Candler Rd Address2: City: Decatur State: GA Zip: 30032 Aff. Comm.:	6-18-14	Convenient Store	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input checked="" type="checkbox"/> Run-Off Special Primary	200.00	
	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan				Description

Itemized Contributions Page Total \$ **1,000.00**

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

ORIGINAL

CFC-CCDR 1/14

First Name or Business Name	Date	Occupation		Cash Amt.	Est. Value
Farooq	6-18-14	Project Manager	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input checked="" type="checkbox"/> Run-Off Special Primary	200.00	
Last Name Soomro					
Address 1085 Chasewood Trail					
Address2	<input checked="" type="checkbox"/> Monetary	Employer			Description
City Alpharetta	<input type="checkbox"/> In-Kind	Miracle Soft			
State GA	<input type="checkbox"/> Common Source				
Zip 30005	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name					
Address					
Address2	<input type="checkbox"/> Monetary	Employer			Description
City	<input type="checkbox"/> In-Kind				
State	<input type="checkbox"/> Common Source				
Zip	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name					
Address					
Address2	<input type="checkbox"/> Monetary	Employer			Description
City	<input type="checkbox"/> In-Kind				
State	<input type="checkbox"/> Common Source				
Zip	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name or Business Name	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name					
Address					
Address2	<input type="checkbox"/> Monetary	Employer			Description
City	<input type="checkbox"/> In-Kind				
State	<input type="checkbox"/> Common Source				
Zip	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					

Itemized Contributions Page Total \$ 200.00 \$

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

ORIGINAL

CFC-CCDR 1/14

Loan Reporting

Name of Lender & Mailing Address	1.Date of Loan 2.Amount of Loan 3.Election Cycle**	Person(s) responsible for repayment of loan & Mailing Address	1.Occupation & 2.Place of Employment 3.Fiduciary Relationship***
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City		City	
State Zip		State Zip	
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City		City	
State Zip		State Zip	
Reference: OCGA § 21-5-34(b)(1)		Loan Page Total \$ <u>0</u>	

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

ORIGINAL

CFC-CCDR1/14

State of Georgia
Campaign Contribution Disclosure Report
Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total more than \$100.00.

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name AT & T Mobility Last Name	Date 5-13-14	Occupation cellular phone company	cellular service	124.⁰⁰
Address Address2 City Atlanta State GA Zip	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
First Name Metro PCS Last Name	Date 5-13-14	Occupation cellular phone service	office phones for phone banking	127.⁰⁰
Address 2801 Candler Rd Address2 Ste 1 City Decatur State GA Zip 30034	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
First Name T Mobile Last Name	Date 5-14-14	Occupation cellular phone company	wireless service for office	113.⁴⁶
Address 3910 Flat Shoals Pkwy Address2 City Decatur State GA Zip 30034	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		

Page Total \$ **364.⁴⁶**

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)
 Public Officer/Candidate/Other Than Candidate Committee Name

ORIGINAL

CFC-CCDR 1/14

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Lance Last Name Pagan Address 546 Wabash Ave. Address2 City Atlanta State GA Zip 30312	Date 5-15-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Unemployed Employer 	Campaign work, canvassing & signage	320. ⁰⁰
First Name Leroy Last Name Jones Address 2710 Lakeshore Dr. Address2 City Conyers State GA Zip 30012	Date 5-17-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Student Employer 	Campaign work	460. ⁰⁰
First Name Jerome Last Name McKay Address 1501 Rogers Ave Address2 City Atlanta State GA Zip 30310	Date 5-23-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation self employed Employer 	Campaign work	200. ⁰⁰
First Name Priscilla Last Name Hayden Address 4530 Willow Oak Trail Address2 City Powder Springs State GA Zip 30128	Date 5-21-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Retired Employer 	Campaign office manager	740. ⁰⁰

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)Public Officer/Candidate/Other Than Candidate Committee Name

Page Total \$ 1,720.⁰⁰

Public Officer/Candidate/Other Than Candidate Committee Name

Vernon Jones

Page 15 of 22

ORIGINAL

CFC-CCDR 1/14

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Tamekia Last Name Reynolds Address 6604 Mimosa Circle Address2 City Tucker State GA Zip 30084	Date 6-2-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Collections Representative Employer Kemper & Assocs.	campaign work	377. ⁰⁰
First Name Natasha Last Name Hicks Address 5560 Mayfair Crossing Dr. Address2 City Lithonia State GA Zip 30038	Date 6-2-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Server Employer Atlanta Chophouse & Brewery	campaign work	210. ⁰⁰
First Name Andrea Last Name Cervone Address 3638 Cobblemill Ln. Address2 City Clarkston State GA Zip 30021	Date 6-2-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Consultant Employer Self employed	campaign consulting	1,000. ⁰⁰
First Name Priscilla Last Name Hayden Address 4530 Willow Oak Trail Address2 City Powder Springs State GA Zip 30128	Date 6-13-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Retired Employer	campaign office manager	250. ⁰⁰

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment) Public Officer/Candidate/Other Than Candidate Committee Name

Page Total \$ 1,837.⁰⁰

Public Officer/Candidate/Other Than Candidate Committee Name

Vernon Jones

Page 16 of 22

ORIGINAL

CFC-CCDR 1/14

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Cynthia Last Name Newton Address 2327 Tapanzee Ln. Address2 City Lawrenceville State GA Zip 30044	Date 5-14-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Retired Employer 	campaign work, office assistance	200.00
First Name Leroy Last Name Jones Address 2710 Lakeshore Dr. Address2 City Conyers State GA Zip 30012	Date 6-14-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Student Employer 	campaign work	150.00
First Name LeVance Last Name Pagan Address 546 Wabash Ave. Address2 City Atlanta State GA Zip 30312	Date 6-14-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Unemployed Employer 	campaign work	150.00
First Name Jerome Last Name McKay Address 1501 Rogers Ave Address2 City Atlanta State GA Zip 30310	Date 6-14-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Self employed Employer 	campaign work	300.00

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)Public Officer/Candidate/Other Than Candidate Committee Name

Page Total \$ 800.00

Public Officer/Candidate/Other Than Candidate Committee Name

Vernon Jones

Page 17 of 22

ORIGINAL

CFC-OCODR 1/14

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Priscilla Last Name Hayden Address 4530 Willow Oak Trail Address2 City Powder Springs State GA Zip 30128	Date 6-20-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Retired Employer 	Campaign Office manager	250. ⁰⁰
First Name Jerome Last Name McKay Address 1501 Rogers Ave Address2 City Atlanta State GA Zip 30310	Date 6-21-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation self employed Employer 	Campaign work	250. ⁰⁰
First Name Metro PCS Last Name Address 2801 Candler Rd Address2 Ste. 1 City Decatur State GA Zip 30034	Date 6-23-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation cellular phone service Employer 	Campaign Office phones	128. ⁰⁰
First Name Mobile Expressions Last Name L Address 4336 Covington Hwy Address2 Ste 108 City Decatur State GA Zip 30035	Date 6-24-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Event planning & decorations Employer 	event decorations	250. ⁰⁰

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment) Public Officer/Candidate/Other Than Candidate Committee Name

Page Total \$ 878.⁰⁰

Public Officer/Candidate/Other Than Candidate Committee Name

Vernon Jones

Page 18 of 22

ORIGINAL

CFC-CCDR 1/14

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Rosalyn Last Name Flanagan Address 6606 Coventry Pt, SW Address2 City Austell State GA Zip 30168	Date 6-26-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Retired Employer 	campaign work	200.00
First Name Priscilla Last Name Hayden Address 4530 Willow Oak Trail Address2 City Powder Springs State GA Zip 30128	Date 6-27-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Retired Employer 	campaign Office manager	300.00
First Name Best Print & Design Last Name Address 4187-B Snapfinger Woods Dr. Address2 City Decatur State GA Zip 30035	Date 6-16-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Printing company Employer 	campaign signs	770.24
First Name Metro PCS Last Name Address 2801 Candler Rd Address2 Ste 1 City Decatur State GA Zip 30034	Date 6-17-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation cellular company Employer 	office phones for phone banking	127.00

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment) Public Officer/Candidate/Other Than Candidate Committee Name

Page Total \$ **1,397.24**

Public Officer/Candidate/Other Than Candidate Committee Name

Vernon JonesPage **19** of **22**

CFC-CCDR 1/14

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Best Print & Design Last Name Address 4187-B Snapfinger Woods Drive Address2 City Decatur State GA Zip 30035	Date 6-23-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation printing company Employer	campaign signs	214.00
First Name Robocent, Inc Last Name Address 111 Granby St. Address2 City Norfolk State VA Zip 23510	Date 6-24-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	robo calls to voters	445.65
First Name metro PCS Last Name Address 2801 Candler Rd Ste 1 Address2 City Decatur State GA Zip 30034	Date 6-25-14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation cellular company Employer	office phones for phone banking	127.00
First Name Last Name Address Address2 City State Zip	Date <input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer		

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment) Public Officer/Candidate/Other Than Candidate Committee Name

Page Total \$ **786.65**

Public Officer/Candidate/Other Than Candidate Committee Name

Vernon JonesPage **20** of **22**

CFC-CCDR 1/14

State of Georgia
Campaign Contribution Disclosure Report
Investments Statement

1. Investment Name					Account #	
Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ City _____ State _____ Zip _____					Value at beginning of reporting period \$	
					Value at end of reporting period \$	
					Difference in value \$	
					Interest Paid Out \$	
					Cash Dividends \$	
Investment Transactions						
<u>Date</u>	<u>Person(s) Involved in Transaction</u>	<u>Value of investment purchased</u>	<u>Value of investment sold</u>	<u>Profit</u>	<u>Loss</u>	
2. Investment Name					Account #	
Institution/Person Holding Account _____ Mailing Address _____ Address2 _____ City _____ State _____ Zip _____					Value at beginning of reporting period \$	
					Value at end of reporting period \$	
					Difference in value \$	
					Interest Paid Out \$	
					Cash Dividends \$	
Investment Transactions						
<u>Date</u>	<u>Person(s) Involved in Transaction</u>	<u>Value of investment purchased</u>	<u>Value of investment sold</u>	<u>Profit</u>	<u>Loss</u>	
<u>Total value of investments at beginning of reporting period \$</u>			Page Total Cash Dividends: \$ <u>0</u>			
<u>Total value of investments at end of reporting period \$</u>			Page Total Interest Paid Out: \$ <u>0</u>			
<u>Total difference in value \$</u>			Page Total Profit: \$ <u>0</u>			
			Page Total Loss: \$ <u>0</u>			

ORIGINAL

CFC-CCDR 1/14

State of Georgia
Campaign Contribution Disclosure Report
Addendum Statement

The Addendum Statement should be used for explanation of any additional information needed to complete an accurate filing of this report.
Information that is to be reported in the body of the report **should not** be listed on Addendum Statement.



Who's Who

For Executives and Professionals

Georgia Chapter

You have been considered for inclusion in The Heritage Legacy of Who's Who for Executives and Professionals 2014 edition. This is our second attempt to recognize you for your success and achievements in your present position as well as your lifetime of accomplishments. We at the Registry feel that Executives and Professionals, like you, that have attained a recognizable degree of success in their industry or profession deserve the recognition now more than ever. Our mission continues to be a recognizable and distinguishable biographical reference publication. The Heritage Legacy of Who's Who Registry can be referenced in major university libraries throughout North America. Importantly our editorial staff composes and publishes a Search Engine Optimized Press for each featured member, thereby further enhancing their exposure and networking possibilities.

Please take a moment to fill out the invitation form below. Upon receipt, a representative will contact you for verification and completion.

Please note: There Have Never Been Any Dues or Fees To Be Listed.

Sincerely,
Trevor Harrison
Membership Director

Please fax this form back to 1-866-373-5972

Name (First, Middle, Last)

(Title, ie. Position)

Company or Organization Name

web site

email

Company Address

City

State

zip

Business Phone# ext(daytime Phone)

Alternate #(ie. cell or home #, not published)

Fax #(company)

Business or Professional Services (products) offered

Personal Expertise or Specialty

Honors, Awards, Recognitions (Company)

Honors, Awards, Recognitions(Personal)

To be removed call 1-844-221-8637